Ifw

OCT 1 3 2005	aperwork Reduction Act	of 1995, no per	sons are re		Frademark Of	PTO/SB/21 (05-03) r use through 04/30/2003. OMB 0651-0031 fice: U.S. DEPARTMENT OF COMMERCE on unless it displays a valid OMB control number.			
GARAPEMBER STATES				ation Number	10/767,227				
TRANSMITTAL			Filing Date		01/28/2004				
FORM			First Named Inventor		Welch				
(to be used for all correspondence after initial filing)			Art Unit		2157				
			Examiner Name		Unassigned				
Total Number of Pages	2	Attorne	ey Docket Number	019599-0	000211US				
		ENC	LOSURE	S (Check all that appl	(y)				
Fee Transmittal Fo	om	☐ Drawing(s)		After Allowance Communication to Group					
Fee Attached	Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences				
Amendment/Reply		Petition			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final		Petition to Convert to a Provisional Application			Proprietary Information				
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			Status Letter				
Extension of Time Request		Terminal Disclaimer			Other Enclosure(s) (please identify below):				
Express Abandonment Request		Request for Refund			1) Return Postcard				
		CD, Number of CD(s)			2) PTO/SB/83 Request to Withdraw as Attorney				
Information Disclosure Statement									
Certified Copy of Priority Document(s)		Remarks The Commissioner is Account 20-1430.		authorized to	charge any additional fees to Deposit				
Response to Missing Parts/ Incomplete Application									
Response to Missing Parts under 37 CFR 1.52 or 1.53					•				
				ICANT, ATTORNEY	OR AGEN	Т			
Firm or	Townsend and Tov	vnsend and (	Jrew LLP		35.910				
Individual	Think II. Albert	Phillip H. Albert Reg. No. 35,819							
Signature	Signature MM/M								
Date October 2005									
CERTIFICATE OF TRANSMISSION/MAILING									
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Typed or printed name Jennifer O'Brien									
Signature Junter CBE					Date	October // , 2005			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (09-03)

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

	1 10/02/00 (00 0
Application Number	10/767,227
Filing Date	01/28/2004
First Named Inventor	Welch
Art Unit	2157
Examiner Name	Unassigned
Attorney Docket Number	019599-000211US

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450  OCT 1 3 7005									
Please withdraw me as attorney or agent to the above identified patent application, and									
all the attorneys/agents of record									
all the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
all the attorneys/agents associated with Customer Number 20350									
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are: Client requests to transfer matter									
CORRESPONDENCE ADDRESS									
The correspondence address is NOT affected by this withdrawal.									
2. Change the correspondence address and direct all future correspondence to:									
Customer Number	29989								
OR					·				
Firm <i>or</i> Individual Name									
Address									
Address									
City		State		ZIP	·				
Country									
Telephone		Fax							
Name Philip H. Alber			······································						
Signature	nature 76		No. 3	35,819					
Date October 2, 2005									
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									